



Iowa Breast and Cervical Cancer Early Detection Program

Communication Plan

Care for Yourself

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This communication plan strives to support and reinforce statewide activities that address health disparities for all Iowans. This plan supports the Department's goal to help all people achieve the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with a focused on ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

As you work through completing this the Communication Plan, please keep your strategies and objectives focused on providing health equity. Highlight your organization's efforts on activities that will ensure all community members have the knowledge and access to the Care for Yourself Program and cancer screenings.

A note about using this plan:

Blue boxes provide guidance and suggestions for each part of the plan. These should be deleted before final submission.

Dark, bolded font provides examples. These examples do not dictate the objectives, facts, or measures that programs have to use. Please delete examples and replace with program specific information prior to final submission.

Questions for consideration are designed to encourage creative thinking. These should also be deleted before final submission.

Sincerely,

The Iowa Department of Public Health- Care for Yourself Team

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Background and Justification

Problem Description (Examples):

- ❑ **Two in five Iowans will be diagnosed with cancer in their lifetimes.**
- ❑ **Estimates from the 2020 Cancer in Iowa report estimate that Iowa will see 18,700 new, invasive cancers. Almost 30% of those cancers will be female breast cancer and an estimated 390 females will die from breast cancer in 2020.**
- ❑ **African American Iowan's in Johnson County have a much higher breast cancer incidence rate (176 per 100,000) compared to their white neighbors (129 per 100,000).**
- ❑ **Hispanic individuals 26% more likely to be diagnosed with cervical cancer than Non-Hispanic whites.**
- ❑ **Immigrants are less likely than the general U.S. population to receive screening tests for cervical, breast and colorectal cancers.**

The purpose of the Background and Justification is to provide a quick summary and background knowledge of the cancer burden in your area. Select details that focus on providing health equity to specific vulnerable populations.

You may also consider including:

- A more detailed discussion of findings from assessments of community needs and assets.
- A more detailed review of evidence regarding the health issue, population, and best/promising practices.
- A discussion of theories or models of behavior change to be used.

Questions to Consider

- ❑ What is the disease burden? How severe is the problem? Who is affected and to what extent? What is the significance of the health equity problem? Why does it matter?
- ❑ What is contributing to the health equity problem? (Consider factors such as: policies, physical and social environments, behaviors, knowledge, attitudes, beliefs, biological factors)
- ❑ How addressable is the health equity problem? What is currently being done about the problem? What should be done to fix the problem?

Objectives Summary

Communication objectives (CO) scope covers campaign reach and dosage, and changes in audience awareness, knowledge, perceptions, beliefs, self-efficacy (etc.) resulting from the communication campaign.

Communication Objectives (COs)

CO1: Example format: “By [INSERT date], increase the [INSERT quantity, such as percentage] of [INSERT audience] in [INSERT location] that have been exposed to messages pertaining to [INSERT topic, such as having a colonoscopy at the age of 50] from [INSERT baseline] to [INSERT target].”

CO2: By June 29, 2021, increase the number of refugee individuals in Iowa that receive education about breast and cervical health from 0-250, through strategic partnerships and activities with EMBARC and World Relief.

CO3: By June 29, 2021, place media on at least 3 partner websites; utilize Facebook ads and posts to educate adult internet users about the importance of breast and cervical cancer

Behavioral Objectives (BOs)

Behavioral objectives (BO) and Health objectives (HO) are set by IDPH in compliance with CDC guided measures.
DO NOT EDIT

BO2: By June 2022, increase the percentage of women age 50 and older in Iowa who have had a mammogram in the last two years to 82.3% by 2022. (BRFSS)

BO3: Increase the percentage of women aged 21 and older who had a Pap test in the last three years to 83.3% by 2022. (BRFSS)

Health Objectives (HOs)

HO2: Decrease the breast cancer mortality rate in Iowa to 18.3 per 100,000 by 2022.

HO3: Decrease the cervical cancer mortality rate in Iowa to 2.0 per 100,000 by 2022.

Audience

[Description of your target audience:]

Identifying your audience provides a clear understanding and profile of your intended audience, which will inform your decisions about messages, channels, and tactics.

- Older Iowans (ages 50-64)**
 - A 2009 study examining health information seeking behaviors of older adults found health care providers were the most trusted source of health information followed by pharmacists, friends/relatives, and retirement community staff. The least trusted sources included newspapers, the internet, television and radio. Open-ended questions revealed that health care providers and the internet were the most highly used sources of information.**
- Women**
 - A 2013 Pew Research Internet Project showed that 78% of American adult internet users watch or download videos. 72% watch videos on video-sharing sites such as YouTube. 58% of adults who watch videos online, watch them on social media sites.**
- Refugee individuals**
 - From 2010-2016 more than 47,000 Somali refugees arrived in the United States, with the majority of arrivals under 45 years of age. Literacy among Somalis is low. Among adults (15 and older), male literacy is approximately 50%, while literacy among women is substantially lower at 26%.**
- Rural Iowans**
 - Residence of small towns and rural areas rely more on traditional newspaper and radio sources than urban and suburban residents.**
- African American Iowans**
- Latinx Iowans**
- LGBTQ+ individuals (Trans men, trans women, non-binary individuals)**

Questions to consider:

- Who are your secondary audiences and audience subgroups?
- Why did you choose your target audience? (Are they most affected by the health problem, most likely to change behavior, or most able to change contributing circumstances?)
- What are your target audience's values and motivations?
- What are your target audience's patterns of media consumption and preferred channels of communication?
- What types of messages and appeals would resonate the most with your target audience?

The Plan Tactics and Timeline section provides programmatic and planning details needed to successfully carry out identified strategies and activities. Copy this template section and fill one out for each of your COs.

Plan Tactics and Timeline

COMMUNICATION OBJECTIVE 1: By June 29, 2021, increase the number of refugee individuals in Iowa that receive education about breast and cervical health from 0-250, through strategic partnerships and activities with EMBARC and World Relief.

Target Audience(s): [List primary and secondary audiences. What populations are you trying to reach with your communication campaign?]

Key Message(s): [List the key messages relevant to this CO. What is the key point that must be conveyed?]

	Tactics/ Channels/ Activities	Measure of Success/Outcomes
Months 1-3 [Customize with time frames that make sense for your project]	<input type="checkbox"/> [List planning, implementation, or evaluation activities occurring for your tactic/channels during this time period. <u>Tactics/ Channels</u> : How will you get the word out? What information channels will you use? <u>Activities</u> : What steps need to happen to get the key message out using this tactic/channel and support the communication objective?] <input type="checkbox"/> Review baseline data for BRFSS breast and cervical cancer screening, cancer registry incidence and mortality. Identify populations of highest incidence, mortality and disparity. Review literature about target audience, behaviors, and attitudes. <input type="checkbox"/> Compile list of potential partners <input type="checkbox"/> Schedule planning meetings to gage interest and strengths of partnerships	[List process and indicators of success] <ul style="list-style-type: none"> • Summary of data • List of partners • Action plans • Scheduled meetings
Months 4-6	<input type="checkbox"/> Connect with key staff at community based service providers <input type="checkbox"/> Draft advocate training curriculum <input type="checkbox"/> Draft screening messages for program and partnering Facebook and Twitter accounts	<ul style="list-style-type: none"> • Training Curriculum • Social media messaging • Print materials

Months 7-9	<input type="checkbox"/> Ongoing meetings with key partners <input type="checkbox"/> Develop video media for specifically targeted populations and languages <input type="checkbox"/> Conduct advocate training and finalize participant curriculum	<ul style="list-style-type: none"> • Shareable videos • Number of local connections and referrals • Number of advocates trained • Number of individuals who receive education • Pre and post testing for educational events
Months 10-12	<input type="checkbox"/> Debrief and disseminate evaluation findings to key stakeholders and partners. Develop a success story to share promising practices and lessons learned. <input type="checkbox"/> Evaluation and planning for next year with partners	<ul style="list-style-type: none"> • Narrative for final reports • Success stories • Plans for next year